

# South Australian Health in All Policies Initiative

## Case Study

June 2013



Government  
of South Australia

## South Australian Health in All Policies initiative

**Project title:** South Australian Health in All Policies initiative

**Social determinants of health addressed:** Education, active transport, migration, water security, digital technology, urban development, mobility (drivers licensing), employment and sustainable regional development.

**Agencies involved:** Whole of government. The initiative is jointly overseen by the South Australian Department of the Premier and Cabinet and the Department for Health and Ageing.

**Does case study describe a policy or a project or change to service delivery?** Policy

**Summary statement of case study:**

The South Australian Health in All Policies initiative is an approach to working across government to better achieve public policy outcomes and simultaneously improve population health and wellbeing. Established in 2007, the successful implementation of Health in All Policies in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process.

**Key Points:**

- Complex or 'wicked' policy problems have multiple causal factors, often beyond the scope of one agency or sector. Joined-up policy and intersectoral action across government is required to tackle these problems.
- By incorporating the consideration of health impacts into the policy development processes of all sectors, a Health in All Policies approach allows government to address the determinants of health in a systematic manner while taking into account the benefit of improved population health for the goals of partner agencies.
- By investing in building the knowledge and skills of the collective public policy workforce, increasing the capacity for research and evaluation, and mandating at the highest strategic level action on achieving improvements in population health and wellbeing, the ability of government to systematically address and respond to the social determinants of health is significantly improved.

**Key contact and/or website:**

For further information visit [www.sahealth.sa.gov.au/healthinallpolicies](http://www.sahealth.sa.gov.au/healthinallpolicies)

### Introduction

As is the case for many other countries and jurisdictions, the South Australian health system is struggling with escalating health care costs, the growing burden of an ageing population and an increasing incidence of chronic disease. Addressing the escalating health budget is one of the pressing issues faced by the Government of South Australia. In 2012-13, \$4.927 billion will be spent on health services in South Australia - 129% higher than in 2001-02 and almost a third of the Government's

total expenditure.<sup>1</sup> Growth in health expenditure at this rate is not sustainable and requires new approaches. Improving the health of the South Australian population and reducing the incidence of chronic disease will contribute to reduced health care expenditure.

Health and wellbeing is influenced by a range of social, economic, and environmental factors, known as the social determinants of health, which often sit outside the direct influence of the health sector. Actions to address complex, multi-faceted 'wicked problems' such as preventable chronic disease and health care expenditure require joined-up policy responses.

In South Australia, a whole-of-government framework, South Australia's Strategic Plan, seeks to enhance the state's prosperity, sustainability and quality of life for its citizens, and has been described as a blueprint for action on the social determinants of health.<sup>2</sup> Many of the targets contained in South Australia's Strategic Plan are important social determinants of health and action on the targets is likely to have positive health and wellbeing outcomes for the population, and contribute to longer term reduction in health care expenditure. The plan recognises the need for concerted and cooperative action across multiple sectors of South Australian society to achieve the targets. It was within this context that Professor Ilona Kickbusch, in her role as the 2007 Adelaide Thinker in Residence,<sup>3</sup> proposed that South Australia adopt a Health in All Policies approach and that this approach be applied to the government's strategic priorities and policy imperatives.

Health in All Policies is about promoting healthy public policy and is based on the understanding that health is not merely the product of health care activities, but is influenced by a wide range of social, economic, political, cultural and environmental determinants of health. The concept of Health in All Policies originated in Europe and has been applied, in various forms, in a number of countries. In South Australia, Health in All Policies has been adopted as an approach to working across government to better achieve public policy outcomes and simultaneously improve population health and wellbeing through joined-up policy development. The South Australian Health in All Policies approach utilises a model specific to the Government's organisational structure to address the government's overarching strategic objectives, including both South Australia's Strategic Plan and the recently released Seven Strategic Priorities. By incorporating a focus on population health into the policy development process of different agencies, the government is able to better address the social determinants of health in a systematic manner.

The South Australian Health in All Policies model seeks to build strong inter-sectoral relationships across government and facilitate policy work of mutual benefit to the health sector and the partnering sector (see Box 1 for example). A key feature of the approach is the 'Health Lens Analysis', a process through which the interactions and synergies between government policy and strategy, and the health and wellbeing of the population, are identified. The process utilises a range of methodologies (e.g. economic modelling, evidence reviews) to develop evidence-based recommendations for the policy area under consideration.

Importantly, the South Australian Health in All Policies model focuses on improving population health and wellbeing outcomes through action on the policies of other sectors that impact on the social determinants of health, rather than starting from a health policy focus. To date, the Health in

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<sup>1</sup> Government of South Australia. 2012. Health budget 2012-13. Government of South Australia, Adelaide.

<sup>2</sup> Kickbusch, I. 2007. Healthy societies: addressing 21st century health challenges. Government of South Australia, Adelaide.

<sup>3</sup> The Adelaide Thinker in Residence program, an initiative of the Government of South Australia, brings influential leaders and experts to South Australia to live in residence and meet and engage with key decision makers. At the conclusion of their residency, Thinkers provide a series of recommendations to the Premier for action. For further information visit <http://www.thinkers.sa.gov.au/>.

All Policies approach has been applied to a range of policy areas of importance to South Australia including: water security, regional migrant settlement, broadband access and use, active transport, urban planning, determinants of obesity, education, sustainable regional development, and mobility (drivers' licensing).

## **Vision, Aims and Objectives**

### **Vision**

Public policy creates the social, economic and environmental conditions to promote population health, wellbeing and equity.

### **Aim**

Improve the health and wellbeing of South Australians by strengthening cross-government action on the social determinants of health through a Health in All Policies approach to government priorities and public policy.

### **Objectives**

- Support the implementation of the Health in All Policies approach systematically across government, through its application to South Australia's Strategic Plan targets and Seven Strategic Priorities
- Support the achievement of government strategic priorities and in doing so, health and wellbeing by working collaboratively across government, enabling effective policy partnerships
- Through the application of the Health Lens Analysis model and other methodologies, articulate the interactions between the social determinants of health and public policy, and identify evidence-based policy opportunities that are supportive of health and wellbeing
- Ensure the sustainability and applicability of the Health in All Policies approach and underpinning philosophies by building and maintaining capacity across all sectors, including health
- Increase the credibility and rigour of the South Australian Health in All Policies model through appropriate research and evaluation
- Benchmark the South Australian Health in All Policies approach with comparable national and international approaches to further develop the efficacy and applicability of the model.

### **Underpinning principles**

The Government of South Australia recognises that a new form of governance for health is needed where there is joined-up leadership within governments, across all sectors and between levels of government.<sup>4</sup> The Adelaide Statement on Health in All Policies<sup>5</sup> outlines a new role for the health sector and for government in resolving complex policy problems. Action on the social determinants of health requires the health sector to contribute and facilitate joined-up policy making, rather than seeking to lead policy making in areas where the policy levers are outside the remit of the health sector.

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<sup>4</sup> World Health Organization & Government of South Australia. 2010. Adelaide Statement on Health in All Policies, Government of South Australia, Adelaide.

<sup>5</sup> World Health Organization & Government of South Australia. 2010. Adelaide Statement on Health in All Policies, Government of South Australia, Adelaide.

The underpinning principles of South Australia's Health in All Policies initiative are informed by key drivers described in the Adelaide Statement on Health in All Policies, which are context specific and include:

- creating strong alliances and partnerships that recognise mutual interests, and share targets
- building a whole of government commitment by engaging the head of government, cabinet and administrative leadership
- developing strong high level policy processes
- embedding responsibilities into governments' overall strategies, goals and targets
- ensuring joint decision making and accountability for outcomes
- enabling openness and full consultative approaches to encourage stakeholder endorsement and advocacy
- encouraging experimentation and innovation to find new models that integrate social, economic and environmental goals
- pooling intellectual resources, integrating research and sharing wisdom from the field
- providing feedback mechanisms so that progress is evaluated and monitored at the highest level.

### **Governance and Reporting Structures**

The South Australian Health in All Policies initiative is jointly overseen by the Department of the Premier and Cabinet and the Department for Health and Ageing. Central government oversight for Health in All Policies operates through the Seven Strategic Priorities for relevant matters or through the Senior Management Council, a group comprised of the Chief Executives of all government departments, and finally Cabinet itself.

The Seven Strategic Priorities are areas of activity the government has chosen to focus on over the next years. The priorities complement and support progress towards the longer term goals outlined in South Australia's Strategic Plan. The Seven Strategic Priorities are:

- Creating a vibrant city
- Safe communities, healthy neighbourhoods
- An affordable place to live
- Every chance for every child
- Growing advanced manufacturing
- Realising the benefits of the resources boom for all South Australians
- Premium food and wine from our clean environment.

Cabinet Taskforces are leading the work on each priority area and have established key targets against which progress will be monitored. Under the taskforce, each strategic priority has a Senior Officers Group which has responsibility for progressing work related to the priority. The Senior

Officers groups are comprised of high level executives from government agencies with a policy interest or core business related to the priorities.

In 2012, the Health in All Policies unit undertook a Health Lens Analysis across the seven strategic priorities to identify the health and wellbeing connections to each of the priority areas, and through this process, new areas of work for future Health Lens Analyses have been identified. Under existing governance arrangements, it is expected that the Senior Officers Groups will identify an appropriate policy focus for each Health Lens Analysis, approve project proposals and endorse the final project recommendations.

Central government leadership has been essential to the success of Health in All Policies in South Australia and provides a clear statement of the government's commitment to the initiative. It also provides a mandate to work across government, has provided partner agencies with the impetus and motivation to engage with Health in All Policies. In addition to the horizontal governance structure, the South Australian Health in All Policies model utilises the traditional vertical decision making structures of individual government agencies in project approval processes (Figure 1).

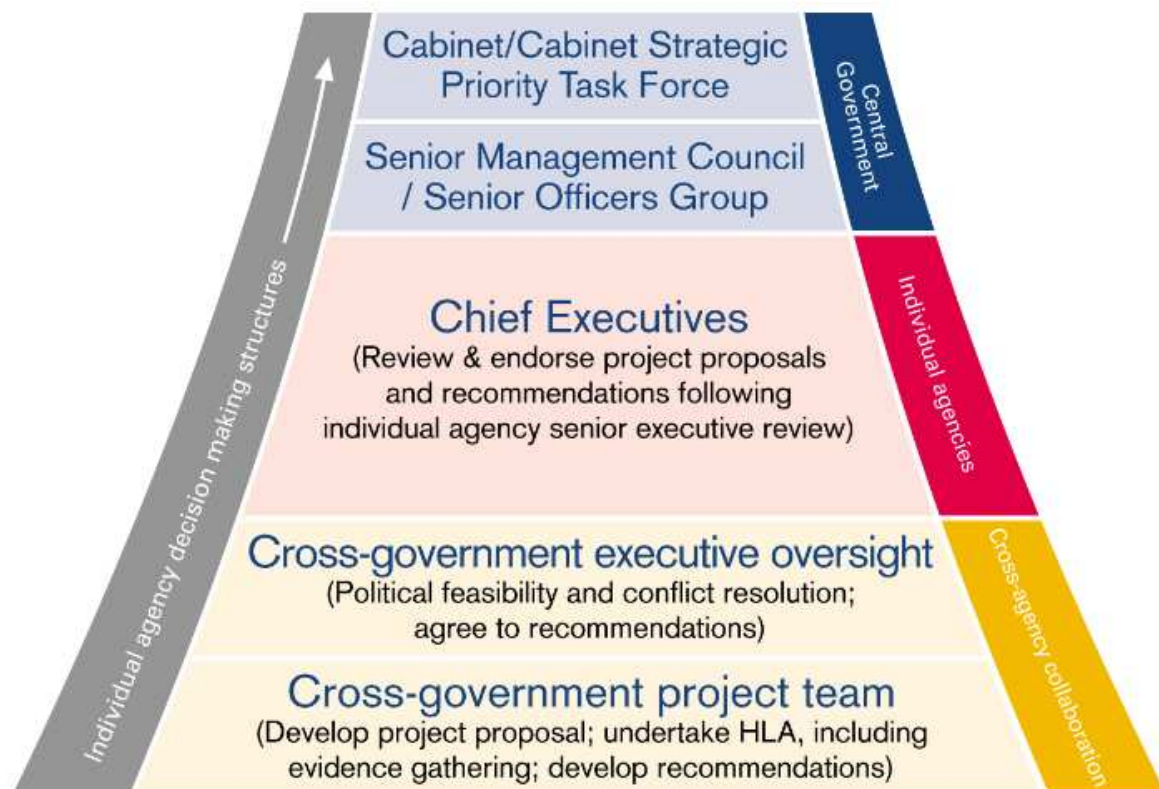


Figure 1. Health in All Policies horizontal and vertical governance

Vertical governance structures are an important part of the governance process as they maintain the authority and policy responsibility of individual department Chief Executives and executive leadership teams, and ensure that when policy recommendations are made, there is a high level understanding and commitment to their implementation.

## Health Lens Analysis

The Health Lens Analysis model is a key feature of the South Australian Health in All Policies approach. The aim of a Health Lens Analysis is to identify key interactions and synergies between targets in South Australia's Strategic Plan, the Seven Strategic Priorities, government policies and strategies, and the health and wellbeing of the population. Of critical importance is the emphasis placed on both achieving the goals and objectives of the partner agencies and on improving health and wellbeing outcomes and reducing inequities. The Health Lens Analysis seeks to develop policy outcomes for all agencies involved, in particular the lead agency. To this end, reciprocal outcomes for participating agencies are sought in all cases.

The Health Lens Analysis involves five stages:

### Engage\*

- Develop relationship with partner agencies, including establishing project specific governance structures
- Identify and clarify contextual issues
- Negotiate and agree on the policy focus
- Form a project team and identify resources
- Plan work and determine processes
- Establish evaluation criteria

*\*Although this stage typically occurs at the beginning of the Health Lens Analysis, engagement continues throughout all of the projects.*

### Gather evidence

- Undertake evidence gathering
- Joint exploration and discussion of the policy issue
- Reconciliation of differing perspectives
- Shape conclusions and policy recommendations

### Generate

- Produce project report and final recommendations
- Explore implications of the recommendations (budgetary or otherwise)
- Refine recommendations so that they are achievable

### Navigate

- Navigate final report and recommendations through agencies' decision making processes
- Executive sign off from health and partner agencies
- Report to Senior Officers Group/Senior Management Council

## Evaluate

- Evaluate project processes, impact and outcome

The relationship between the governance mechanisms for the South Australian Health in All Policies initiative and the Health Lens Analysis process is described in Figure 2.

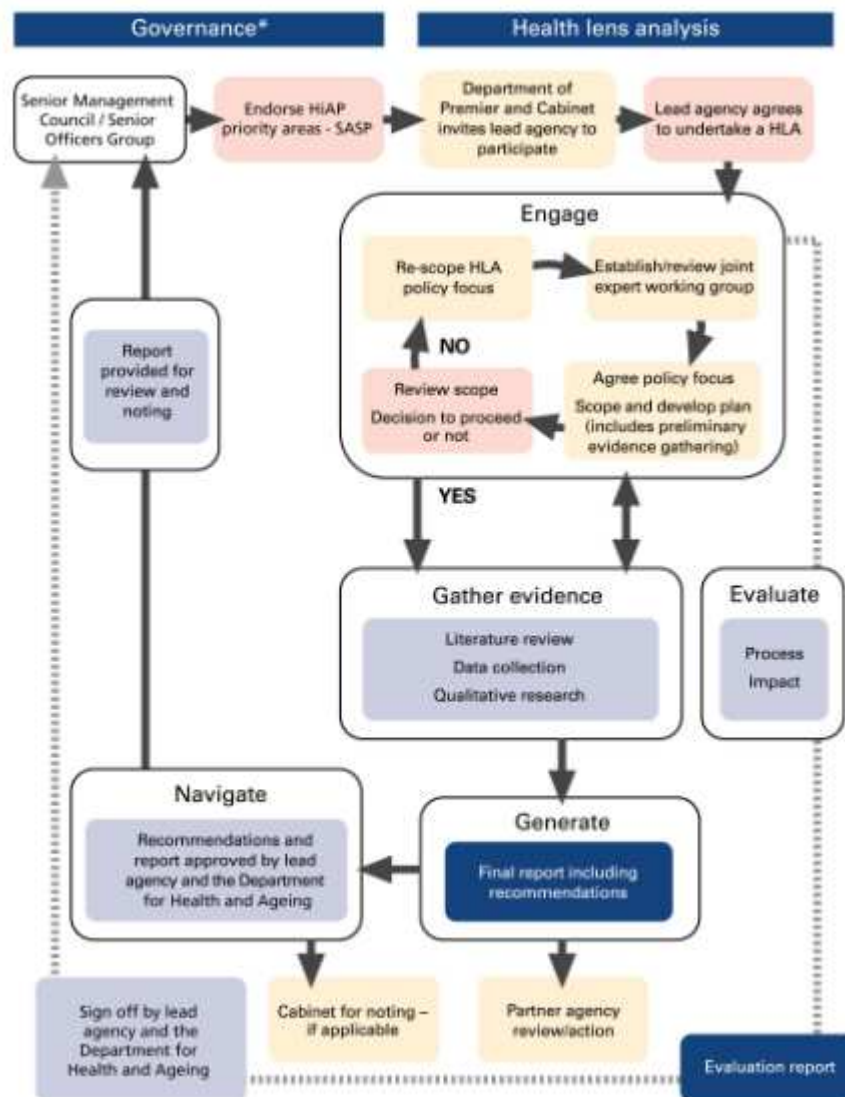


Figure 2. Relationship between governance and the Health Lens Analysis process in South Australia's Health in All Policies initiative.

## Application

Since 2007, the Health Lens Analysis process has been applied to a wide range of social determinants of health including active transport, migration, water security, digital technology, urban development, mobility (drivers licensing), employment and sustainable regional development. Box I describes a current Health Lens Analysis project which is focused on education – Parental Engagement with Literacy. There is a strong link between positive education outcomes and long term health outcomes, including increased life expectancy and reduced levels of chronic disease. The aim of the



project was to raise parental engagement with literacy to improve literacy outcomes for children in the early years of schooling, and ultimately improve their health, with a particular focus on low socio-economic families. Further information on South Australia's Health Lens Analysis projects can be found at [www.sahealth.sa.gov.au/healthinallpolicies](http://www.sahealth.sa.gov.au/healthinallpolicies).

### **Box 1. Health Lens Analysis Case Study – Family Engagement with Literacy**

The *Family Engagement with Literacy* project is a partnership between the South Australian Department of Education and Child Development (DECD) and the Department of Health and Ageing (DHA). The Executive Committee of Cabinet Chief Executives Group, a senior executive committee which formerly provided oversight of the Health in All Policies, endorsed education and early life as one of the priority areas for Health in All Policies and invited DECD to participate in a Health in All Policies Health Lens Analysis project. The importance of literacy is reflected by its inclusion in South Australia's Strategic Plan as a target, and the project proposal was endorsed by the Chief Executives of the two agencies in July 2010. The objective of the project has been to investigate how to better engage families in co-creating a literacy rich environment for children at home and school, with a focus on low socio-economic areas.

#### *Engage*

Engagement occurred through-out the project, through both the formal governance structures outlined above, as well as through informal mechanisms. A significant proportion of time was allocated to ongoing engagement. Staff from DHA and DECD (central office) collaborated for several months to identify and scope the focus of the project, before developing an agreed project proposal for sign off. Once endorsement of the project proposal had been received, the formal governance and reporting structures to oversee the project were established.

The governance and reporting structures for the Family Engagement with Literacy project were complex, partly due to the decentralised nature of the education system and the need to engage with each level of the system – senior executives, regional staff, teachers and parents. The following structures were established:

- A **Steering Committee** with representatives from the Health in All Policies unit DHA, DECD Western Regional Office, DECD Central Office oversaw the direction of project, made key decisions and ensured the policy implications of the project were relevant and appropriate.
- The **Western Adelaide Regional Steering Group** included HiAP, DHA staff, Regional office staff and the principals of the four participating schools. This group was key in maintaining connections with the governance of the schools, and ensuring relevance to the region.
- The **4Schools Group** included staff from the Health in All Policies unit DHA, Parental Engagement Project Manager, principals and teachers from the four schools. This group was predominately an information exchange group, but also provided direction for the project, as teachers are key drivers of policy direction at the school level, and thus up to the DECD Central Office. This group was also key in providing school based contextual information to the project.

## **Box 1. Health Lens Analysis Case Study – Parental Engagement in Literacy Rich Environments**

- The 4Schools Group included about 20 teachers, and met once a term. These meetings provided an opportunity for teachers and principals to share learning's from past and current approaches and programs, and to consider how the research emerging from the project could be incorporated into their practice.
- **Project Working Group** included staff from the Health in All Policies unit DHA staff and the Parental Engagement Project Manager. This group met regularly to progress the work of the project.
- **A Parental Engagement Project Manager** was funded through DECD, National Partnership Agreement with top up funds from DHA. DHA also provided funding support for the research and evaluation components.

The formal governance mechanisms described above proved effective in maintaining the interest and ownership of the project by the different levels of education and health. They also allowed engagement and information exchange with non-government organisations such as the Smith Family, and an increased understanding of the role of the non-government organisations in supporting this area of work.

### *Gather evidence*

#### 1. Literature review

A broad literature review was undertaken by DECD which showed that improved literacy outcomes for children in the early years of schooling can be achieved through raising parental engagement with literacy at home. Further review of the literature was undertaken by DHA to provide context around literacy and the role of parents, and outline examples of programs (or elements of various programs) which had been found to be successful in improving parental engagement. These reviews helped scope the project and provide direction for the qualitative research.

#### 2. 4Schools

Under the auspices of the Low Socio-Economic Status School Communities National Partnership, the four schools involved in the project worked to identify and apply practices that lead to richer literacy environments in learners' homes. This included building stronger family -school partnerships and building capacity in parents and caregivers to support the learner at home. The Project Manager, Parental Engagement coordinated activities between the schools.

The project engaged with teachers in Reception to Year 2. Initial consultations with the teachers sought to gauge staff's perspective of their role and requirements in supporting parents to develop literary rich home environments, as well as identify examples of best practice approaches to support parental engagement. The teachers were also involved in the development of the qualitative research described below.

#### 3. Focus groups

Developing an understanding of the barriers and facilitators to engagement with literacy from the parents' perspective was key to recommendations in this area. DHA and DECD commissioned the South Australian Community Health Research Unit, Flinders University of South Australia, to undertake focus groups with parents and caregivers. Ten focus group discussions were held with 66 parents and grandparents between the end of July and mid-September 2011. Groups represented parent diversity across the 4 schools: 3 mainstream English-speaking groups; 2 Aboriginal English-speaking groups; 5 groups from specific cultural backgrounds where parents had ESL or no English (Indian, Serbian, Somali, Chinese, and a mixed New Arrivals group with parents from Sri Lanka, India/Pakistan, Vietnam, Ethiopia, and West Africa).

## **Box 1. Health Lens Analysis Case Study – Parental Engagement in Literacy Rich Environments**

The focus groups sought to:

- establish what parents believe constitutes literacy engagement with children, and what they see their role (if any) as compared with the role of schools and teachers
- identify strategies which parents feel would assist them to develop or increase their skills, resources and capabilities to provide a literacy rich home environment for their children
- identify parents' views about how easy or difficult it is for them to approach, communicate with, and engage with their children's school, and whether particular aspects of the school or of DECD and other government structures support or undermine this, or could better support them.

### **4. Trialling initiatives**

Drawing on research findings and professional wisdom, each of the four schools trialled initiatives to support parental engagement. Case studies of their experiences have been documented to provide resources for other schools to use.

#### *Generate*

The key outcomes from the evidence gathering stage have been the development of a working model of "Family Engagement in Literacy" and recommendations aimed at the school, region and systems level.

The "Family Engagement in Literacy" model has guided the generation of relevant school-based resources. The model describes the three domains of:

- **Resources:** developing and providing appropriate literacy resources that families can then use at home to create a literacy rich environment
- **Knowledge and Strategies:** running activities that raise parents/carers' awareness of literacy learning and strategies to support their child's literacy development
- **Communication and Confidence:** strengthening the parent/carers' confidence to engage with teachers about their child's literacy development while opening lines of communication between school and the home.

Some practical examples of the work that has been carried out by the participating schools in the context of this model include the:

- Creation of "literacy show bags" that contain a range of engaging literacy activities that can be carried out at home and are complete with instructions to parents/carers about how to support the activities.
- Development of a DVD resource that contains a range of literacy related materials that can be used at home but which relate to the programs being carried out at the school level. These resources have been converted into different languages to raise levels of access.
- Family awareness sessions where parents/carers are invited into their child's classroom at the end of a day so that for 30 minutes the teacher can explain a particular writing task to the parents/carers and how they support their child at home.
- Holding family activities on weekends (such as gardening) where appropriate information about literacy activities can be explained to parents who are often reluctant to attend more formal sessions.
- The development of readers that can be taken home but are accompanied by a recording of someone reading the reader so that the reading is modelled for children and the parents.

Parental feedback about the quality and impact of these materials has been overwhelmingly positive, and has had a clear impact on the levels of literacy engagement for the children and the parents.

The Parental Engagement project is in process of finalising policy recommendations which frame areas of action at the school, region and systems level.

### **Box 1. Health Lens Analysis Case Study – Parental Engagement in Literacy Rich Environments**

These recommendations are organised around three key objectives to:

1. improve the knowledge of parents of explicit literacy skills and enhance their strategies for facilitating these skills at home.
2. create a range of appropriate and relevant literacy resources and materials that can be used by families within the home.
3. increase communication between teachers and parents, and build parents' confidence in understanding, influencing and reinforcing educational processes to enhance the literacy skills of their children.

#### *Navigate*

The final report and recommendations are provided to the Chief Executive of DECD and the Chief Executive DHA for endorsement as well as to appropriate Cabinet structures, as directed.

#### *Evaluate*

The process and early impact evaluation of the project has commenced. This is being undertaken by the Southgate Institute, Flinders University of South Australia and will include focus groups with parents, and teachers, as well as interviews with key staff from DHA and DECD.

## **Monitoring and Evaluation**

Monitoring and evaluation of Health Lens Analysis projects is built into the South Australian Health in All Policies model. Each Health Lens Analysis project includes a commitment by the Department for Health and Ageing and the project partners to undertake a joint evaluation of the project. Process and impact evaluation is undertaken by Southgate Institute, Flinders University of South Australia.

In 2011, Flinders University of South Australia was awarded a National Health and Medical Research Council grant to conduct an overall evaluation of the South Australian Health in All Policies initiative. The evaluation of the initiative is currently underway and is due to be completed in 2016.

## **Outcomes**

To date, five of the Health Lens Analysis projects undertaken by the Department for Health and Ageing have been evaluated. The adoption of recommendations arising out of the projects (e.g. the development of a design guidance document) is just one part of the outcomes examined in the project evaluations. Less tangible outcomes, which are more difficult to measure and track over time, have also been identified and typically relate to relationship building and knowledge transfer between the project group members. Common themes identified in the evaluations have included:

- Changes in policy directions which impact on the social determinants of health and that are likely to contribute to positive, long term health and wellbeing outcomes
- Greater understanding and stronger partnerships between health and partner agencies

- Increased understanding by policy makers of the impact of their work on population health and health equity
- Development and dissemination of policy relevant research
- A willingness to use the Health Lens Analysis process and adopt Health in All Policies philosophy in future work
- Conceptual learning (redefining goals, problem definitions and strategies) and social learning (dialogue and interaction between stakeholders) for all involved.

## **Reflections on South Australia's Health in All Policies initiative**

### ***Establishment of Health in All Policies in South Australia***

There were a number of opportunities which coincided to create the political environment and will within the Government of South Australia to adopt the Health in All Policies approach. Since South Australia's Strategic Plan was first implemented in 2004, the Government of South Australia has maintained a strong commitment to achieving the targets outlined in the plan. The targets included in the plan mirror the social determinants of health covering issues related to work, employment, education, food, transport, housing environment, early life and social support, and it is recognised that concerted and cooperative action across multiple sectors of South Australian society is required to achieve them.

In 2007 Professor Ilona Kickbusch, in her role as Adelaide Thinker in Residence, recognised the opportunity to use a Health in All Policies approach to explore the interconnections between the plan targets and to identify opportunities for joined up government. Linking Health in All Policies with the plan provided the opportunity to establish Health in All Policies as a whole of government concern, which has been a missing link in previous attempts at joined-up policy approaches.

In addition to the political environment and the role of Professor Kickbusch as a catalyst for change, the establishment of Health in All Policies in South Australia benefited from the State's strong history of social policy and a network of skilled, committed health policy practitioners and academics. This network acted as the catalyst to bring Professor Kickbusch to Adelaide as a Thinker in Residence and had a critical role in pursuing the opportunities presented by, and the recommendations arising out of, the residency.

### ***Implementation of Health in All Policies in South Australia***

From the very beginning of South Australia's Health in All Policies initiative, engagement with central government has been critical, both in terms of providing a high level mandate and direction as to the policy focus of the work. By linking Health in All Policies to the Government of South Australia's two guiding frameworks, South Australia's Strategic Plan and the Seven Strategic Priorities, this ensures the initiative is responsive to the links between economic development, productivity, and health and wellbeing. In addition, it also provides an impetus for agencies to engage with the Department for Health and Ageing in the Health Lens Analysis projects. Each agency Chief Executive must report to the Cabinet on the achievement of targets allocated to their department and Health in All Policies offers a framework through which activities to assist in achieving the targets can be progressed.

Moving the health agenda so that it can examine the core business of other agencies has also been critical to the successful implementation of Health in All Policies in South Australia. Health and other agencies are brought together early in the policy development cycle and it is this early engagement which contributes to a sense of shared ownership of both the process and the final product, facilitating engagement of all sectors and the implementation of intersectoral actions.

## **Challenges**

Whilst the evaluation of South Australia's Health in All Policies Health Lens Analysis model has shown that it is successful in facilitating cross-government policy development, a number of challenges (both current and future) have been identified. These include:

- Implementing Health Lens Analysis project recommendations in a changing and dynamic political environment
- Capturing the less tangible outcomes of the Health Lens Analysis project, particularly in relation to long term changes in the policy culture in agencies outside of health
- Ensuring projects are flexible and responsive enough to accommodate changes in policy priorities and the political environment
- The disjuncture between policy development, program implementation and service delivery. It is well recognised that it can be difficult to adopt even the best policies at the program and service delivery levels, and South Australia's Health in All Policies initiative must continue to look for ways to address this ongoing challenge
- Encouraging the uptake of the Health in All Policies philosophy and processes across the health sector
- The inclusion of community views in policy development. This is currently addressed through the use of qualitative research as part of the Health Lens Analysis process however further work is required to ensure community views are fully accounted for and acknowledged in the work.

## **Next steps**

In recognising the challenges associated with implementing Health in All Policies in South Australia, the next steps for the initiative include building the capacity of state and local government, and other organisations, to apply the Health in All Policies philosophy. Specific strategies to build the capacity of the health sector for the development of healthy public policy will also be developed.

In addition to the current work of the Health in All Policies unit, the release of the South Australian Public Health Act 2011<sup>6</sup> provides future opportunities to build capacity for Health in All Policies. The South Australian Public Health Act 2011 provides a legislative basis for state and local government to implement a Health in All Policies approach and improve cross-sectoral action through public health planning provisions. Under the Act, the Minister for Health and Ageing must prepare a State Public Health Plan that sets out a framework for action to protect and improve health and wellbeing of South Australians. The plan incorporates the Health in All Policies approach and recognises the need

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<sup>6</sup> Government of South Australia. 2011. South Australian Public Health Act. Government of South Australia, Adelaide.

to work collaboratively with other agencies to help them achieve their goals in ways that incorporate health considerations. Each local government is required to develop a public health plan which has regard to the state plan and outlines actions to protect and promote the health of their local communities, recognising the influence of social determinants of health on health and wellbeing.

## **Conclusions**

The Government of South Australia's implementation of Health in All Policies is a significant new development in the applied use of research evidence on determinants of health, and a first for Australia. The success of the initiative has rested on a number of key drivers including:

- Partnering with government departments on their policy imperatives to support the development of healthy public policy
- High-level mandate from central government
- Leveraging from existing government decision making structures
- Jointly generating evidence based solutions with project partners
- Integrating qualitative and quantitative social science methodologies to identify solutions for complex, "wicked" policy issues.

The South Australian Health in All Policies initiative has demonstrated its value as an approach to collaborative policy development. Health in All Policies also provides a framework for meeting the needs of sectors outside of health as well as long term population health and wellbeing goals, reflecting one of the key underpinning philosophies of the initiative, reciprocity. Cross sector collaboration and partnerships have been recognised as important system building strategies, and mechanisms to support and systematise these practices across state and local government will help to ensure the ongoing action on social determinants of health and improve the health and wellbeing of the South Australian population.